

TRANSMITTAL FORM

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7

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First Named Inventor

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Examiner Name


Attorney Docket Number

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ENCLOSURES (Check all that apply)

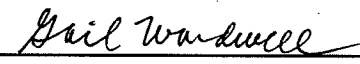
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
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Printed name	Roberta L. Robins		
Date	5/26/2010	Reg. No.	33,208

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I hereby certify pursuant to 37 CFR §1.8 that this correspondence is being transmitted via EFS to the United States Patent and Trademark Office on the date shown below.

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